

busybeepediatrics

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Assignment of Benefits/Agreement of Financial Responsibility

<u>Patient Name</u> <i>Last, First, Mi</i>	<u>Patient DOB</u>	<u>Responsible Party</u>

I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, private insurance and other health plans to: busybee **pediatrics**. This assignment will remain in effect until revoked in writing. A photocopy of this assignment is to be as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance, including responsible attorney fees and interest at 18% per annum. I hereby authorize said assignee to release all information necessary to obtain payment.

Signature _____ **Date** _____

If your child comes in for a well-child checkup and the doctor treats your child for a sick condition or procedure in addition to the well check-up, you may be billed a copay/coinsurance or deductible amount according to your insurance benefits.

In order to avoid an unexpected patient balance owed, please know your benefits and coverage. Some procedures may not be covered or covered at 100%, or services for example: wart removal may fall into a different category of reimbursement with your insurance. Deductibles may come into effect depending on the services provided so **please know your policy**. This is important so there are no surprises after the insurance processes your claim.

Note: This office participates with Utah Statewide Immunization Information System (USIIS)

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